

EXHIBIT 1



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | WWW.TXDOT.GOV

Mon, 13 February 2023

STATE OF TEXAS §

This is to certify that I, Jim Markham, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Thu, 17 December 2020, which occurred in Harris County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

A handwritten signature in black ink, appearing to read "Jim Markham".

Jim Markham
Director, Crash Data & Analysis Section
Traffic Safety Division
125 East 11th Street
Austin, TX 78701-2483



OUR VALUES: *People • Accountability • Trust • Honesty*
OUR MISSION: *Connecting You With Texas*

An Equal Opportunity Employer

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)12 / 17 / 2020

*Crash Time (24HRMM)0254

Case ID0167481720V

Local Use

*County NameHARRIS

*City NameHOUSTON

☐ Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?☒ Yes☐ No

Latitude (decimal degrees)

Longitude (decimal degrees)

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.LR

*Hwy. Num.

2 Rdwy. Part1

Block Num.15700

3 Street Prefix

* Street NameGALVESTON

4 Street SuffixRD

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot

☐ Toll Road/ Toll Lane

Speed Limit50

Const. Zone☐ Yes☒ No

Workers Present☐ Yes☒ No

Street Desc.CONCRETE

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.☐ Yes☒ No

1 Rdwy. Sys.LR

Hwy. Num.

2. Rdwy. Part1

Block Num.500

3 Street Prefix

Street NameEL DORADO

4 Street Suffix

Distance from Int. or Ref. Marker0.10

☐ FT☒ MI

3 Dir. from Int. or Ref. MarkerS

Reference Marker

Street Desc.

RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num.1

5 Unit Desc.1

☐ Parked Vehicle

☐ Hit and Run

LP StateTX

LP Num.MMM9312

VINJTJGZKCA XK2013220

Veh. Year2019

6. Veh. ColorRED

Veh. MakeLEXUS

Veh. ModelRX 350

7 Body StyleSV

☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type5

DL/ID State

DL/ID Num.

9 DL Class5

10 CDL End.5

11 DL Rest.5

DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)2, TX 77493

Person Num.

12 Prsn. Type

13 Seat Position

Name: Last, First, Middle
Enter Driver or Primary Person for this Unit on first line

14 Injury Severity

Age

15 Ethnicity

16 Sex

17 Eject.

18 Restr.

19 Airbag

20 Helmet

21 Sol.

22 Alc. Spec.

Alc. Result

23 Drug Spec.

24 Drug Result

25 Drug Category

1

1

1

S, K

B

16

B

2

1

1

5

97

N

2

0.00

96

97

97

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner

☐ Lessee

Owner/Lessee Name & AddressS, T, TX 77493

Proof of Fin. Resp.☒ Yes☐ No

☐ Expired

☐ Exempt

26 Fin. Resp. Type2

Fin. Resp. NameGEICO

Fin. Resp. Num.4605955469

Fin. Resp. Phone Num.8002077847

27 Vehicle Damage Rating112-FD-5

27 Vehicle Damage Rating2--

Vehicle Inventoried☒ Yes☐ No

Towed ByAPPLE TOWING

Towed To1301 DART STREET

Unit Num.2

5 Unit Desc.1

☐ Parked Vehicle

☐ Hit and Run

LP StateTX

LP Num.NNP5131

VIN3N1AB7AP5HY286306

Veh. Year2017

6. Veh. ColorBLU

Veh. MakeNISSAN

Veh. ModelSENTRA

7 Body StyleP4

☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type1

DL/ID StateTX

DL/ID Num.

9 DL ClassC

10 CDL End.96

11 DL Rest.96

DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)1323 S. BEARUEGARD STREET ALVIN, TX 77511

Person Num.

12 Prsn. Type

13 Seat Position

Name: Last, First, Middle
Enter Driver or Primary Person for this Unit on first line

14 Injury Severity

Age

15 Ethnicity

16 Sex

17 Eject.

18 Restr.

19 Airbag

20 Helmet

21 Sol.

22 Alc. Spec.

Alc. Result

23 Drug Spec.

24 Drug Result

25 Drug Category

1

1

1

FRANKLIN, AZMARA DESIREE

B

22

B

2

1

1

5

97

N

96

96

97

97

2

2

3

HENDERSON, RASHAD DAMON

K

32

B

1

1

96

5

97

N

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner

☐ Lessee

Owner/Lessee Name & AddressFRANKLIN, AZMARA DESIREE, 1323 S. BEARUEGARD STREET ALVIN, TX 77511

Proof of Fin. Resp.☒ Yes☐ No

☐ Expired

☐ Exempt

26 Fin. Resp. Type2

Fin. Resp. NamePROGRESSIVE

Fin. Resp. Num.940151124

Fin. Resp. Phone Num.8007764737

27 Vehicle Damage Rating16-BD-7

27 Vehicle Damage Rating2--

Vehicle Inventoried☒ Yes☐ No

Towed ByAPPLE TOWING

Towed To1301 DART STREET

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)		Case ID 0167481720V		TxDOT ID 18060844.3/2020543108		Page 2 of 2										
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	1	1	CLEAR LAKE REGIONAL HOSPITAL	HFD MED 71												
	2	1	CLEAR LAKE REGIONAL HOSPITAL	HFD AMB 94												
	2	2	1861 OLD SPANISH TRAIL	BODY CAR #9033	12 / 17 / 2020	0 3 1 6										
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.										
	1	1	MURDER			167481720										
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	61	43						1	3	97	2	1	1	17	
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							
	<p>UNIT #1 WAS EVADING FROM MULTIPLE POLICE AGENCIES UNIT #1 WAS TRAVELING NORTHBOUND AT 15700 GALVESTON ROAD IN LANE 1 OF 2 UNIT #2 WAS TRAVELING NORTHBOUND AT 15700 GALVESTON ROAD IN LANE 1 OF 2. UNIT #1 FLEEING AND EVADING FROM POLICE UNIT #1 SPEEDING (OVERLIMIT) UNIT #1 (FD) STRUCK UNIT #2 (BD) THE DRIVER OF UNIT #2 WAS TRANSPORTED TO THE HOSPITAL WITH MINOR INJURIES. THE PASSENGER OF UNIT #2 WAS PRONOUNCED DECEASED ON THE SCENE. THE DRIVER OF UNIT #1 WAS ARRESTED AND CHARGED WITH MURDER. PRIMARY INVESTIGATOR: DET. J. HILL 98Z58 SCENE SUPERVISOR: SGT. D. GRIFFITHS 3Z03N SCENE PHOTOGRAPHS: OFFICER J. BEST 70Z77N SCENE MEASUREMENTS: DET. C. SARTOR 98Z{{Investigator's Assignment: Vehicular Crimes}}</p>															
INVESTIGATOR	Time Notified (24HR:MM)		0 3 2 0		How Notified		CALL OUT		Time Arrived (24HRMM)		0 4 0 5		Report Date (MM/DD/YYYY) 04 / 16 / 2021			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Hill, J.						ID Num. 8826							
	ORI Num.	T X H P D 0 0 0 0	*Agency HOUSTON POLICE DEPARTMENT						Service/Region/DA 1 2 D 7 0							

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 1 2 / 1 7 / 2 0 2 0

*Crash Time (24HRMM) 0 2 5 4

Case ID 0167481720V

Local Use

*County Name HARRIS

*City Name HOUSTON

☐ Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?☒ Yes☐ No

Latitude (decimal degrees)

Longitude (decimal degrees)

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. LR

*Hwy. Num.

2 Rdwy. Part 1

Block Num. 15700

3 Street Prefix

* Street Name GALVESTON

4 Street Suffix RD

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot

☐ Toll Road/Toll Lane

Speed Limit 50

Const. Zone☐ Yes☒ No

Workers Present☐ Yes☒ No

Street Desc. CONCRETE

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.☐ Yes☒ No

1 Rdwy. Sys. LR

Hwy. Num.

2. Rdwy. Part 1

Block Num. 500

3 Street Prefix

Street Name EL DORADO

4 Street Suffix

Distance from Int. or Ref. Marker 0.10

☐ FT☒ MI

3 Dir. from Int. or Ref. Marker S

Reference Marker

Street Desc.

RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1

5 Unit Desc. 1

☐ Parked Vehicle

☐ Hit and Run

LP State TX

LP Num. MMM9312

VIN 3 T J G Z K C A X K 2 0 1 3 2 2 0

Veh. Year 2 0 1 9

6. Veh. Color RED

Veh. Make LEXUS

Veh. Model RX 350

7 Body Style SV

☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 5

DL/ID State

DL/ID Num.

9 DL Class 5

10 CDL End. 5

11 DL Rest. 5

DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) 24735 HEIRLOOM LN KATY, TX 77493

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	S, K	B	16	B	2	1	1	5	97	N	2	0.00	96	97	97
													Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

☒ Owner☐ Lessee

Owner/Lessee Name & Address S, T, TX 77493

Proof of Fin. Resp.☒ Yes☐ Expired☐ No☐ Exempt

26 Fin. Resp. Type 2

Fin. Resp. Name GEICO

Fin. Resp. Num. 4605955469

Fin. Resp. Phone Num. 8002077847

27 Vehicle Damage Rating 1 1 2 - F D - 5

27 Vehicle Damage Rating 2 - - - - -

Vehicle Inventoried☒ Yes☐ No

Towed By APPLE TOWING

Towed To 1301 DART STREET

VEHICLE, DRIVER, & PERSONS

Unit Num. 2

5 Unit Desc. 1

☐ Parked Vehicle

☐ Hit and Run

LP State TX

LP Num. NNP5131

VIN 3 N 1 A B 7 A P 5 H Y 2 8 6 3 0 6

Veh. Year 2 0 1 7

6. Veh. Color BLU

Veh. Make NISSAN

Veh. Model SENTRA

7 Body Style P4

☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1

DL/ID State TX

DL/ID Num.

9 DL Class C

10 CDL End. 96

11 DL Rest. 96

DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) 1323 S. BEARUEGARD STREET ALVIN, TX 77511

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	FRANKLIN, AZMARA DESIREE	B	22	B	2	1	1	5	97	N	96		96	97	97
2	2	3	HENDERSON, RASHAD DAMON	K	32	B	1	1	96	5	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

☒ Owner☐ Lessee

Owner/Lessee Name & Address FRANKLIN, AZMARA DESIREE, 1323 S. BEARUEGARD STREET ALVIN, TX 77511

Proof of Fin. Resp.☒ Yes☐ Expired☐ No☐ Exempt

26 Fin. Resp. Type 2

Fin. Resp. Name PROGRESSIVE

Fin. Resp. Num. 940151124

Fin. Resp. Phone Num. 8007764737

27 Vehicle Damage Rating 1 6 - B D - 7

27 Vehicle Damage Rating 2 - - - - -

Vehicle Inventoried☒ Yes☐ No

Towed By APPLE TOWING

Towed To 1301 DART STREET

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)		Case ID 0167481720V		Case 4:23-cv-00052 Document 17-1 Filed 07/23/23 in TXSD Page 6 of 8		TxDOT Crash ID 18060844.2/2020543108		Page 2 of 2												
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)											
	1	1	CLEAR LAKE REGIONAL HOSPITAL		HFD MED 71															
	2	1	CLEAR LAKE REGIONAL HOSPITAL		HFD AMB 94															
	2	2	1861 OLD SPANISH TRAIL		BODY CAR #9033		12 / 17 / 2020		0316											
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.											
	1	1	MURDER						167481720											
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address													
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.											
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type													
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type											
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles											
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions									
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
	1	61	43							1	3	97	2	1	1	17				
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									
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INVESTIGATOR	Time Notified (24HR:MM)		0320		How Notified		CALL OUT		Time Arrived (24HRMM)		0405		Report Date (MM/DD/YYYY)		03 / 11 / 2021					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Hill, J.						ID Num.		8826									
	ORI Num.	T X H P D 0 0 0 0	*Agency HOUSTON POLICE DEPARTMENT						Service/Region/DA		1 2 D 7 0									

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)12 / 17 / 2020

*Crash Time (24HRMM)0254

Case ID0167481720V

Local Use

*County NameHARRIS

*City NameHOUSTON

☐ Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?☒ Yes☐ No

Latitude (decimal degrees)

Longitude (decimal degrees)

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.LR

*Hwy. Num.

2 Rdwy. Part1

Block Num.15700

3 Street Prefix

* Street NameGALVESTON

4 Street SuffixRD

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot

☐ Toll Road/Toll Lane

Speed Limit50

Const. Zone☐ Yes☒ No

Workers Present☐ Yes☒ No

Street Desc.CONCRETE

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.☐ Yes☒ No

1 Rdwy. Sys.LR

Hwy. Num.

2. Rdwy. Part1

Block Num.500

3 Street Prefix

Street NameEL DORADO

4 Street Suffix

Distance from Int. or Ref. Marker0.10

☐ FT☒ MI

3 Dir. from Int. or Ref. MarkerS

Reference Marker

Street Desc.

RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num.1

5 Unit Desc.1

☐ Parked Vehicle

☐ Hit and Run

LP StateTX

LP Num.MMM9312

VIN3TJGZKCA XK2013220

Veh. Year2019

6. Veh. ColorRED

Veh. MakeLEXUS

Veh. ModelRX 350

7 Body StyleSV

☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type5

DL/ID State

DL/ID Num.

9 DL Class5

10 CDL End.5

11 DL Rest.5

DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)2

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	S K	B	16	B	2	1	1	5	97	N	2		96	97	97
													Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

☒ Owner☐ Lessee

Owner/Lessee Name & AddressS, TI, TX 77493

Proof of Fin. Resp.☒ Yes☐ No

☐ Expired☐ Exempt

26 Fin. Resp. Type2

Fin. Resp. NameGEICO

Fin. Resp. Num.4605955469

Fin. Resp. Phone Num.8002077847

27 Vehicle Damage Rating112-FD-5

27 Vehicle Damage Rating2

Vehicle Inventoried☒ Yes☐ No

Towed ByAPPLE TOWING

Towed To1301 DART STREET

VEHICLE, DRIVER, & PERSONS

Unit Num.2

5 Unit Desc.1

☐ Parked Vehicle

☐ Hit and Run

LP StateTX

LP Num.NNP5131

VIN3N1AB7AP5HY286306

Veh. Year2017

6. Veh. ColorBLU

Veh. MakeNISSAN

Veh. ModelSENTRA

7 Body StyleP4

☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type1

DL/ID StateTX

DL/ID Num.

9 DL ClassC

10 CDL End.96

11 DL Rest.96

DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)1323 S. BEARUEGARD STREET ALVIN, TX 77511

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	FRANKLIN, AZMARA DESIREE	B	22	B	2	1	1	5	97	N	96		96	97	97
2	2	3	HENDERSON, RASHAD DAMON	K	32	B	1	1	96	5	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

☒ Owner☐ Lessee

Owner/Lessee Name & AddressFRANKLIN, AZMARA DESIREE, 1323 S. BEARUEGARD STREET ALVIN, TX 77511

Proof of Fin. Resp.☒ Yes☐ No

☐ Expired☐ Exempt

26 Fin. Resp. Type2

Fin. Resp. NamePROGRESSIVE

Fin. Resp. Num.940151124

Fin. Resp. Phone Num.8007764737

27 Vehicle Damage Rating16-BD-7

27 Vehicle Damage Rating2

Vehicle Inventoried☒ Yes☐ No

Towed ByAPPLE TOWING

Towed To1301 DART STREET

INVESTIGATOR	Time Notified (24HR:MM)				0				3				2				0				How Notified				CALL OUT				Time Arrived (24HRMM)				0				4				0				5				Report Date (MM/DD/YYYY)				0				1				/				0				2				/				2				0				2				1			
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) Hill, J.																								ID Num. 8826																																																															
	ORI Num.		T		X		H		P		D		0		0		0		0		*Agency		HOUSTON POLICE DEPARTMENT																								Service/Region/DA		1		2		D				7		0																																	